Dr. Jonathan V. Wright's

NUTRITION & HEALING

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Conquer COPD and breathe easier naturally—without spending your future attached to an oxygen tank!

By Jonathan V. Wright, M.D.

Erwin stands out in my memory because when he first came to my clinic, he looked blue. Not a "down in the dumps" metaphorical blue—he was literally blue (well, bluish-toned). It became obvious rather quickly, though, that Erwin's unusual skin tone was only one part of a much bigger problem: Erwin was struggling for each and every breath he took. He had been diagnosed with emphysema and chronic obstructive pulmonary disease, or COPD (at least, that's what it's been called since the1960s; in the past few years conventional docs have started calling it chronic obstructive lung disease, or COLD).

Usually breathing just happens naturally. Conscious or unconscious, if we're alive, we're breathing. So I suppose, in that sense, Erwin was barely alive.

Though most of us don't realize it on a day-to-day basis, if you have COPD, you know breathing just isn't something you can take for granted. Depending on the degree of your problem, you know that breathing can vary from a slight extra nuisance to a constant conscious effort. And if you suffer from COPD, you also know that conventional medicine has very little to offer that actually improves the situation. Natural medicine, on the other hand, has a number of very effective treatment options that can help with even very severe cases like Erwin's. But before I go into detail on those treatments, it's important to know a bit more about what might be causing your condition.

"Though most of us don't realize it on a day-to-day basis, if you have COPD, you know breathing just isn't something you can take for granted."

Where there's smoke...

I'm sure you know where I'm about to go. Yes, the No. 1 cause of COPD is smoking. You already know smoking is bad for you (it's one of the very few things conventional physicians and those of us practicing natural medicine actually agree on). I don't begin to pretend I'm a "quit smoking" expert. And I can lecture and beg and plead for you to quit until those proverbial cows come home, but for most smokers, it just isn't that easy—and all the bad-mouthing you hear pro-bably only makes you feel worse.

When I was first began treating Erwin, he'd been smoking for 54 years and had a pack-a-day habit (and that was after he'd cut back—from over two packs a day). Like many smokers, Erwin had tried to quit dozens of times and was usually successful for a week or two until the temptation just became too great. After a number of failed attempts, maybe Erwin figured there was "no point" in quitting since he just "wasn't strong enough" and, besides, now that he had COPD, it was "too late anyway."

If this train of thought sounds familiar, please let me remind you that it's never too late! If you can't quit cold turkey, don't be discouraged—very few people can. Cutting back gradually might work better for you. Over the next few months, try cutting the number of cigarettes you smoke in a day in half. Stay at that level for a month or so, then try cutting that number in half. This way, you're not constantly battling temptation, and you're still helping your COPD—and your overall health—tremendously.

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Editor:
Jonathan V. Wright, M.D.

Publisher:
Jenny Thompson

Associate Publisher:
Amanda L. Ross

Editorial Associate:
Corin Mauldin

Copy Editor:
Ken Danz

Designer:
Ramsey Brisueño

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Dawn Heidelberg

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Our mission:

Nutrition & Healing is dedicated to helping you keep yourself and your family healthy by the safest and most effective means possible. Every month, you'll get information about diet, vitamins, minerals, herbs, natural hormones, natural energies, and other substances and techniques to prevent and heal illness, while prolonging your healthy life span.

A graduate of Harvard University and the University of Michigan Medical School (1969), Dr. Jonathan V. Wright has been practicing natural and nutritional medicine at the Tahoma Clinic in Kent, Washington, since 1973. Based on enormous volumes of library and clinical research, along with tens of thousands of clinical consultations, he is exceptionally well-qualified to bring you a unique blending of the most up-to-date information and the best and still most effective natural therapies developed by preceding generations.

Nutrition & Healing cannot improve on these famous words:

"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness."

The inalienable right to life must include the right to care for one's own life. The inalienable right to liberty must include the right to choose whatever means we wish to care for ourselves. In addition to publishing the best of information about natural health care, *Nutrition & Healing* urges its readers to remember their inalienable rights to life, liberty, and freedom of choice in health care. This information is published to help in the effort to exercise these inalienable rights, and to warn of ever-present attempts of both government and private organizations to restrict them.

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Could your dinner be making your COPD worse?

Although it's certainly not as apparent as smoking, food allergy can play a big role in COPD. Many COPD sufferers have told me how surprised they are that eliminating milk and dairy (or wheat, or whatever their food allergies are) makes such a difference to their breathing. If you have a personal history or family history of any sort of allergy, checking for and eliminating the foods you're allergic to will likely make a difference for you, too. But even if you don't have a history of allergies, please consider checking into it anyway. Sometimes food and other allergies can develop "out of nowhere" (so to speak) even in adults.

Find real COPD relief

The mainstays of conventional medical treatments for COPD are bronchodilators, which relax the muscles in the airway, and high-powered versions of cortisone, usually prednisone, which ease airway inflammation. Both types of treatment can be taken either orally or by inhaler. When COPD gets very bad, mainstream physicians usually prescribe oxygen. Which means you have to wheel around the oxygen tank and have those plastic tubes in your nose at all times just to be able to get enough air. Certainly not the future any of us envision for ourselves. And it was this prospect that brought Erwin to the Tahoma Clinic—he wanted alternatives.

He came to the right place, and just in time. At best, the kinds of treatments his doctors had been prescribing (like those listed above) can make breathing easier, but they do nothing to improve the health and vitality of the damaged lung tissue. Besides, they're certainly not the safest treatments around: Among many other unwanted effects, continuous use of prednisone and patented synthetic versions of cortisone significantly increase your risk of cataracts.

Two halves of the COPD whole

Technically, emphysema and chronic bronchitis are quite different. "Emphysema" is the word used to describe weakening, enlargement, and ultimate loss of more and more of the lung's hundreds of millions of tiny air sacs, called alveoli ("al-vee-oh-lye"), which transfer gases (like oxygen, carbon dioxide, and so on) from air to blood and back again. "Chronic bronchitis" refers to (presumably) permanent, progressive irritation, inflammation, and obstruction of the tubes (bronchi) which carry gases from the outside air to their ultimate destination in the alveoli.

So, if emphysema and chronic bronchitis are actually two very different conditions, why are they usually lumped together under the general title COPD or COLD? First, the result of both problems is much the same: progressive difficulty moving air in and out of the lungs. Second, there's frequently overlap between the two conditions; if you have one, you most likely have the other to some degree.

Citations available upon request and on NH website.

So my first step in treating Erwin (and all of my other COPD patients) was to start a nutritional and natural approach that would improve the health of affected lung tissue. When your lungs are healthier, they automatically work better. But please note this disclaimer: nutritional and natural treatment can't cure most cases of COPD (tissue is usually too badly damaged by the time the diagnosis is made). But, I can safely say that this type of therapy usually stops and at least partially reverses the progression of the disease. Often, improvement can be quite significant—Erwin's definitely was.

Out of the blue and into the pink

Nebulized, inhaled glutathione (a molecule produced in nearly every cell in the body) is the No.1 natural treatment for COPD in my practice.

After Erwin started using glutathione, he noticed a major improvement in his breathing. But the changes didn't stop there. Remember Erwin's bluish skin tone? It was caused by lack of oxygen. So when his lungs started improving, his skin started to return to its normal pinkish hue. And when Erwin began treatment with inhaled glutathione, his oxygen uptake was so improved, everyone literally "saw the difference" in his skin—the bluish tint had almost completely vanished after three months with the glutathione.

The form of glutathione treatment we use at the Tahoma Clinic involves nebulization. A nebulizer is a machine that dispels liquids (like glutathione) into the air in a fine mist that can then be inhaled. But since gluathione loses strength relatively rapidly when exposed to air, it's important to have each day's glutathione prepared in its own separate vial (these can be prepared a compounding pharmacist with a physician's prescription. I usually prescribe 120-200 milligrams per inhalation. The pharmacist can usually supply the nebulizer, too).

Glutathione treatment is remarkably safe. The only adverse reaction report I've heard was from a very chemically sensitive individual who developed an allergy to it. It really should be tried in *every case* of chronic bronchitis and emphysema.

I'm also proud to note that nebulized inhaled glutathione for COPD was pioneered right here at the Tahoma Clinic by my colleague Davis Lamson, N.D. But you don't have to travel here to get it—it's now available from compounding pharmacies and physicians throughout the United States.

Another option you may want to consider to bring you out of the blue and back into a healthy pink is intravenous therapy with hydrogen peroxide or ozone. I've found that this type of treatment can be very valuable in more serious cases of COPD, helping many individuals with "blue" lips and fingers return to a normal pink. Of course, it must be given in careful doses by a skilled physician.

Keeping things "loose"

In COPD, thick bronchial secretions are usually a problem. They're difficult to cough up, they get in the way of moving air, and they get infected easily. To keep your bronchial secretions as "loose" as possible, improve coughing, and reduce episodes of infection, N-acetylcysteine and potassium iodide are both very helpful. N-acetylcysteine is available through most natural food stores. Potassium iodide is usually prescribed as "SSKI," a saturated solution of potassium iodide.

I usually recommend taking 500 milligrams of N-acetylcysteine three times daily. If you're going to use it for several months or more, you should add 30 milligrams of zinc picolinate and 2 milligrams of copper sebacate to your daily supplement program. N-acetylcysteine can slowly "use them up" in the body, so taking extra will help prevent that from happening. It is important to take these three things separately, though. Otherwise, the zinc and copper bind together and are excreted from the body. And when you add N-acetylcysteine into the mix it binds with the zinc and copper and all three are excreted.

Potassium iodide, or SSKI, is the other compound I prescribe to help my patients clear out their airways. It accumulates in bronchial secretions, sort of like a lubricant, making them much more "loose" and easier to cough up and clear out. Potassium iodide also inhibits the growth of bacteria, viruses, molds and yeasts. So it reduces the number and severity of bronchial infections, which is why I actually prefer it to N-acetylcysteine. (To find a physician near you who can prescribe SSKI, see the Alternative Health Resources on page 8.)

I recommend taking 3 to 6 drops of SSKI daily. You can add the drops right into your water or juice. Please keep in mind that iodides can sometimes suppress thyroid function, so if you decide to use this treatment, ask your doctor to monitor your thyroid function. However, at the quantity noted, I rarely find problems with thyroid function.

Although potassium iodide helps cut the risk of infection, it's also helpful to use goldenseal and vitamin C to further cut your risk of infection. Use 200-400 milligrams of goldenseal and at least 2 grams of vitamin C, both twice daily. (As I told Erwin all those years ago, this amount of vitamin C is the absolute minimum for smokers!)

(continued on page 4)

Citations available upon request and on NH website.

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Once you're loose, it's time to relax

If your bronchial tubes are "relaxed," the diameter of each airway increases. This allows you to breathe easier since more air can pass through. Magnesium helps maximize bronchial relaxation, so take 300-400 milligrams daily of magnesium in the form of magnesium aspartate, taurate, citrate, or glycinate. (Please don't use more without monitoring your intestinal "transit time." Sometimes too much magnesium can cause what's known as gastrointestinal hurry. For more information on this, see the December 2000 issue of *Nutrition & Healing*).

Cell support

Vitamin A helps to maintain the health and structure of the cells lining the bronchial tubes. It also helps improve the quality of mucous production (it's not an appetizing thought, I know, but it's really necessary to help you even begin to feel better). I usually recommend 50,000 units daily of vitamin A. While this dose is generally very safe, it is possible to take too much vitamin A. Symptoms of vitamin A excess include headache, increasingly dry skin, "split lip," and pain in the longer bones of the arms and legs. If you experience any of these symptoms discontinue using the vitamin until you consult with a physician. One thing to note, though—you need to make sure to obtain vitamin A itself, since beta-carotene won't do the same job.

Both phospholipids and essential fatty acids improve the "surface properties" of all cells. Lecithin is an excellent (and cheap!) source of phospholipids, and flaxseed oil is a good source of essential fatty acids. Take 1 1/2 tablespoonsful of each daily, and make sure to take 400-600 units of vitamin E along with them.

If your chronic bronchitis is particularly severe, you should consider starting with cod liver oil for two to three months, and then switch to flaxseed oil. Since cod liver oil (like all fish oil) is 100 percent omega-3 fatty acids, it does a better job of helping your body "calm" inflammation. Once inflammation has subsided, then flaxseed oil is better balanced for the "long run" (it contains approximately 50 percent omega-3, 30 percent omega-6, and 20 percent omega-9).

Put the "spring" back into your lung tissue

Remember those alveoli that I explained deteriorate in emphysema? They contain considerable elastic tissue to help them normally contract and expand with every breath; copper is vital to the maintenance of elastic tissue. If you know that emphysema is part of your COPD, add 2 milligrams of copper (as copper sebacate) to your supplement program, even if there's a small amount in your multiple vitamin-mineral.

And of course, I can't let you go without reminding you that it's always wisest to use a good general multiple vitamin-mineral supplement along with individual nutrients. Please add one to the list of individual supplements noted above.

All it takes is an open mind and a little tenacity

If you have COPD, there's plenty to do besides taking patent medications and slowly getting worse. In most cases, you can improve the health of your lungs, and over time, reduce your need for patent medications—or maybe even eliminate them from your life entirely. If you're willing to try and stick with nutritional and natural therapies, it's a pretty safe bet that you'll live longer....and enjoy that extra time a whole lot more. JVW

Citations available upon request and on NH website.

Natural COPD treatment in one, easy-to-follow outline

Here's what you need to do:

- Get tested for food allergies
- If you are allergic to certain foods, eliminate them from your diet
- If you smoke, try to cut back the number of cigarettes you smoke in a day. (Eventually, you may be ready to quit, but don't be discouraged if you can't right away. Even scaling back will do your lungs a lot of good.)

And here's what you need to take:

- 120-200 milligrams of nebulized, inhaled glutathione, two times per day
- 500 milligrams of N-acetylcysteine, three times per day
- 30 milligrams of zinc picolinate per day
- Three to six drops of potassium iodide (SSKI) per day
- 200-400 milligrams of goldenseal twice a day
- 2 grams of vitamin C twice a day
- 300-400 milligrams of magnesium per day (in the form of magnesium citrate, aspartate, taurate, or glycinate)
- 50,000 units of vitamin A per day
- 1 1/2 tablespoons of lecithin per day
- 1 1/2 tablespoons of flaxseed oil per day
- 400-600 units of vitamin E per day
- 2 milligrams of copper sebacate per day
- a good, general, multiple vitamin-mineral supplement

Greed...corruption...invasions of medical privacy...

I know the above headline sounds like a chapter out of a John Grisham novel—or a trailer for some Hollywood blockbuster. But it isn't. It's the crux of the latest scandal brought to us by the big patent medicine companies. And it may already have passed through a town near you.

I first read about this scandal in *The New York Times* and know that their expose has been followed up by a number of other reports, including an e-Alert from the Health Sciences Institute (a free e-mail health news update service you can sign up for by e-mailing nonhsi_sub@agoramail.net). All of the stories deliver plenty of dark drama: drug company greed, unscrupulous sales tactics, corrupt doctors, misuse of a popular FDA-approved drug, a whistle blower, a federal investigation, and even a few "smoking guns."[1]

Medicine-turned-marketing

In 1997, Dr. David P. Franklin contacted a lawyer to file suit against his employer, the pharmaceutical company, Warner-Lambert. Dr. Franklin admits, "I was terrified." Executives at Warner-Lambert had threatened to make him a scapegoat if he went public with his concerns about certain company practices that Dr. Franklin describes as "an illegal marketing scheme that put patients at risk."

Throughout most of the '90s Warner-Lambert (acquired by Pfizer in 2000) manufactured a prescription drug called Neurontin, approved by the FDA for the very specific use of helping to control epileptic seizures for patients already taking another epilepsy drug. But the marketing geniuses at W-L had much bigger plans for Neurontin, which brings us to the first two smoking guns.

In a voice-mail message that's now entered as evidence in Dr. Franklin's lawsuit, a W-L executive told sales reps that in order to market Neurontin effectively they would have to promote it to fight pain, as well as bipolar and other psychiatric uses, in addition to epilepsy. But independent researchers say that Neurontin simply doesn't work for some of those uses and, if used inappropriately, it can cause serious adverse reactions. Dr. Franklin even has internal company documents showing that sales reps encouraged doctors to "experiment" by prescribing Neurontin to treat attention deficit disorder in children. (Yes, you read that right, they are experimenting on our children!)

Does your doctor have a shadow?

Unfortunately, the sales reps went much further than simple encouragement. They crossed the line with the help of quite a few doctors who did something completely unprofessional and inexcusable.

In a so-called "shadowing program," W-L paid 75 to 100 doctors to allow sales reps to sit in during patient exams. At the conclusion of the exams the sales reps gave "recommendations" on what medicines to prescribe. The doctors were paid $350 or more for each day the sales people were allowed to spend in the exam rooms. Hundreds of patients were affected by this program, but whether or not any of them knew that the person sitting in for their exam was a pharmaceutical salesperson is unclear.

Business as usual: Prescribing for payoffs

Unfortunately, this sort of practice between doctors and drug companies is not uncommon. For instance, in an unrelated case, a doctor in California allowed a sales rep to attend an exam of a breast cancer patient who was not told at the time that the man was a drug company employee. The doctor was paid $500. (The patient later sued both her doctor and the drug company and the case was settled out of court.)

These sorts of sales tactics have become business as usual for the giant patent medicine companies who spend billions of dollars in their attempts to encourage physicians to prescribe their products. In fact, 37 percent of the doctors who participated in a recent Maryland survey said they had accepted compensation from patent medicine companies in return for prescriptions of their drugs.

And would you believe that you and I helped pay for some of those prescriptions? Dr. Franklin's lawsuit has led to a federal investigation claiming that Medicaid paid tens of millions of dollars for Neurontin prescriptions written for untested uses. Those were our tax dollars at work for Warner-Lambert!

Patent medicine's "cure" for writer's block

As if all of that weren't enough, Dr. Franklin's case also reveals that Warner-Lambert attempted to influence doctors to prescribe Neurontin by paying them to write medical journal articles that would place Neurontin in a positive light.

(continued on page 8)

Citations available upon request.

Getting to the root of IBS therapy—literally!

By Kerry Bone, FNIMH, FNHAA

Now, I know that this isn't the most enticing topic of conversation, but irritable bowel syndrome (IBS) is a big enough problem, affecting so many people, that there comes a point where you sort of have to put any "delicate sensibilities" aside and get into the nitty gritty details in order to find relief.

So, as promised in last month's issue, I'm back this month to tell you a bit about herbs for irritable bowel syndrome (IBS). Actually, before I get started, I'd like to take a minute to clear up some misconceptions about IBS. IBS involves more than a stomachache that sends you rushing to the bathroom right after a meal. In fact, sometimes IBS manifests itself in exactly the opposite way. There are three kinds of IBS "symptom groups": abdominal pain with diarrhea, abdominal pain with constipation, and abdominal pain with alternating diarrhea and constipation.[1]

The major problem with IBS (aside from the obvious ones it presents to people suffering from it) is that it's sort of a "last ditch" diagnosis, meaning you're only told you have it if and when everything else has been ruled out. I've always believed that IBS probably includes a number of different disorders lumped together under the one label. So to that end, many of the herbal treatments I recommend for IBS have their roots (pun intended) in those other conditions.

While we've got bowels on the brain…

I'm sure you're sick and tired of hearing that certain things are "all in your head." But, while I can pretty safely say you're not imagining your IBS, certain psychological factors can make it worse.

Numerous studies have found a correlation between irritable bowel-type symptoms and depression, anxiety, and childhood abuse.[2,3,4] Just as a quick example—in one study, 75 patients with acute gastroenteritis completed a series of psychological tests soon after admission to hospital.[5] Of the 75 original patients, 20 subsequently developed chronic symptoms compatible with IBS. These patients had higher scores for anxiety and depression than those who returned to normal bowel function following their bout with gastroenteritis.

Given this brain-gut connection, I'm a firm believer that herbs that are good for the nervous system, such as valerian and St John's wort, should be included in any IBS treatment approach.

Putting a cramp in IBS

As I detailed in last month's column, my favorite herb to help relax IBS's characteristic bowel spasms and soothe the digestive tract is a high grade variety of German chamomile (for more information on this, please see the July issue of *Nutrition & Healing*). Other good muscle-relaxing back-ups for chamomile include the aptly named cramp bark (yes, that's really what it's called—and it works wonderfully!), wild yam, corydalis, and peppermint.

Clinical trials suggest that peppermint oil may be beneficial in the treatment of some symptoms of irritable bowel syndrome (IBS).[6] In the most recent one, 110 IBS patients took either a placebo or a capsule containing 187 milligrams peppermint oil 3-4 times per day, 15-30 minutes before each meal for one month. Patients taking the peppermint experienced improvements in abdominal pain, abdominal distension, stool frequency, and flatulence that were significantly better than those in the placebo group.[7] If you decide to try peppermint oil, look for capsules that are enteric-coated. This sort of coating won't allow the capsule to break down until after it has passed through the stomach and into the small intestine. Without a protective coating, peppermint oil capsules can cause heartburn.

What could IBS, an artichoke, and your liver possibly have in common? More than you might think…

One of the key aspects of my strategy for treating IBS is to support the liver. Poor liver function can contribute to IBS in a number of ways. Naturopathic thinking has always stressed a liver-bowel connection, and bile output may be insufficient in patients with who have the constipation type of IBS (bile is a natural laxative). I usually have my patients use either globe artichoke leaf or milk thistle for this purpose.

In one multicenter trial, patients with various bowel disorders, including IBS, were given artichoke extract (Cynara scolymus). The average dose corresponded to about 7 g of leaf per day. After 6 weeks of treatment, patients reported a 95 percent improvement in nausea and vomiting, a 75 percent reduction in abdominal pain, and a 25 percent reduction in cramping. Pretty impressive results for an extract from a vegetable most people probably only think of as a nice appetizer![8]

Citations available upon request and on NH website.

The IBS balancing act

One approach to treating IBS that I find very intriguing arose from the observation that the condition can begin after an infection, which causes the levels of "good" bacteria (microflora) in your system to plummet. Excessive antibiotic use is also associated with IBS, and it's well-known in medical circles that antibiotics can drastically throw off your internal levels of microflora.[30] In a recent controlled clinical trial involving 60 patients with IBS, those who boosted their intestinal microflora by supplementing with the probiotic *Lactobacillus plantarum* experienced reductions in abdominal bloating and pain.[9]

Using herbs to help rebalance bowel flora can be really helpful. In my next column, I'll describe just how to go about doing that. In the meantime, I encourage you to talk to other people about IBS (well, maybe not at the dinner table or in a crowded department store, but you catch my drift), find out their stories, compare them to yours, and—under your doctor's supervision, of course—try some herbal therapies. I know how frustrating this condition can be, but if there's one thing I'm sure of, it's that where there's nature, there's hope. **KB**

R.I.P: Unbiased patent medicine information officially bites the dust

I learned early on in my medical career that all too many of my colleagues had a "sink or swim" mentality when it came to associating with patent medicine companies. They saw it that clearly: either they took the bait being thrust at them and swam along with the school of patent medicine piranhas hungry for a profit, or they sank out of sight making themselves lots of very powerful enemies all the way down. Never afraid of a little unpopularity, and knowing full well that there's no such thing as a free lunch, I decided to base my practice on natural and nutritional therapies—and avoid patent medicines unless absolutely nothing else will work (it doesn't happen often). Thirty years later, I've still got my head well above water. But unfortunately, the influence of the patent medicine giants is stronger than ever. Now, it's even affecting the credibility of one major medical journal that, up until this point, has attempted to set the standard for unbiased medical reporting.

In June, the *New England Journal of Medicine* (NEJM) announced that it has given up finding truly independent doctors to write and review articles and editorials for it, because too many MDs have financial ties with patent medicine companies.[1] Now, the NEJM (which likes to think of itself as the No.1 medical journal anywhere) will allow these critical evaluations to be written by doctors with financial ties to the very patent medication companies whose products they're reviewing for their peers. Since most physicians depend on a limited number of journals for continuing medical education, and since the NEJM is almost always one of them, this move by the journal's editors means that one of your doctor's most trusted sources for unbiased information will become tainted with patent medicine money.

In a letter to readers, Dr. Jeffrey Drazen, the editor of the NEJM, wrote that the policy change is necessary because the journal simply could not find enough qualified authors who did not already have ties to drug companies.

Under the new policy, doctors writing reviews in the Journal can accept up to $10,000 a year from each drug company in speaking fees and consulting fees. Let's see: $10,000 a year from maybe 10 to 15 patent medicine companies… Not a bad income for writing supposedly unbiased reviews. Of course, as a consolation, Drazen "assures" us that these financial associations will be stated in each NEJM review article.

But Jerome Kassirer, who was the Journal's editor between 1991 and 1999, says he had no problem finding independent authors. "There's a lot of depth in academic medicine, sufficient depth, so that it's almost always possible to find a first-class person to write an editorial or review article in which they do not have a conflict of interest," said Kassirer, now a professor at the Tufts University School of Medicine.[2]

So are today's NEJM editors just plain lazy, or are they afraid they might sink without patent medicine allies? I hate to say it, but it's probably a bit of both—with some good, old-fashioned greed thrown in the mix as well. Let's hope someone throws them a life preserver. But in the meantime, we'll have to pay closer attention to the fine print of the studies published in the journal to make sure we're getting the whole story. **JVW**

Natural Response

Clearing up the cinnamon contradiction

Q: *My father J. K. is a subscriber of your newsletter. Upon reading an article in April 2002 (page 3) he was confused with the directions given for a certain procedure: "to be safe, anyone using more than 1/4 to 1 teaspoon of whole cinnamon daily [should] first boil it in water, then pour off the resulting watery solution for use, and discard the solid remainder." Is this not contradictory to natural science where oils and fat come to the surface of a water solution? Are we not discarding the wrong material (flavonoid) and using the wrong cure? If you can explain this in more detail, please do so.*

----S.L., via e-maili

A: Thank you for e-mailing this question in response to the article I wrote in April regarding the use of cinnamon for diabetes prevention. You're right that this advice does seem contradictory, so I'm glad to be able to explain it a bit further.

Since the flavonoid involved (methylhydroxychalcone polymer, or MHCP) is water-soluble, it's still readily available in the watery solution poured off after boiling the cinnamon.

A helpful hint for actually going about separating the oils and fats on the surface of the water: Try pouring the water through a cheesecloth (cheesecloths are available in many supermarkets and other cooking-supply stores). JVW

Nutrition & Healing website log-on information (AUGUST)

Username: shadow
Password: unbiased

Greed and corruption

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Offering yet another "smoking gun," W-L internal memos reveal that a marketing firm often wrote the first drafts of articles that were then reviewed by W-L executives before being sent to medical journals for publication.

Court papers show that W-L paid the marketing firm $12,000 to write each article, then paid $1,000 to the doctors who agreed to serve as "authors." And in addition to that payoff, other court documents show that doctors who prescribed high volumes of Neurontin were rewarded with additional payments for "consulting" or "speaking" fees.

Other drug companies also use marketing firms to help them ghost write medical studies, a practice that angers editors of the leading medical journals. "It is a form of marketing, although it is disguised not to look like marketing," said Dr. Frank Davidoff, the former editor of the Annals of Internal Medicine. "Authors should be authors and should not be signing on to work by someone else, particularly not for money." (But at least one leading medical journal has already surrendered to financial ties between patent medicine companies and doctors. See "R.I.P.: Unbiased patent medicine information officially bites the dust" on page 7).

It isn't over yet

So what's going on today with the major players in this drama?

Dr. Franklin—a former research fellow at Harvard Medical School—is currently the director of market research at Boston Scientific, a company that develops medical devices.

And Pfizer, through a spokesperson, offers this defense of the ongoing legal mess: "The actions that allegedly occurred took place well before Pfizer completed its merger with Warner-Lambert. It is firm and established Pfizer policy not to allow our sales representatives to make inappropriate claims or encourage off-label use of any of our medicines."

Why am I not convinced? Is this really just an isolated case in an industry that's otherwise honest and has our best interests in mind? The answer to that depends on who you choose to believe: an international patent company spokesperson, or a whistle blower who's seen the underhanded reality of that industry from the inside. JVW

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